

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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|--|--|--|---|
| 1. Agency Name<br><u>CITY OF SAN JOSE</u>  |  | Date Stamp<br><u>WT OTC</u><br><u>2016 JUN -6 PM 4:06</u>  | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br><u>OFFICE OF MAYOR SAM LICCARDO</u> |  |  |   |
| Designated Agency Contact (Name, Title)<br><u>DYLAN SIMON, POLICY ANALYST</u>          |  |  |   |
| Area Code/Phone Number<br><u>408 555 4825</u>  | E-mail<br><u>dylan.simon@sanjoseca.gov</u> | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 667 and 329

Event Description: SHARKS STANLEY CUP 6014 Date(s) 6/6/16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: SAN JOSE ARENA AUTHORITY  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| <u>LICCARTO, SAM</u>  | <u>1</u>                    | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br><u>Recognition</u> |
| <u>SANCHEZ, BRANDON</u>   | <u>1</u>                    | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br><u>Security</u>    |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| <u>DESTINATION: HOME</u>  | <u>2</u>                    | <u>Recognition</u>   |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: SAM LICCARDO Print Name: MAYOR Title: 6/6/16  
(month, day, year)  
 Comment: [Signature]